

INDIANA DEPARTMENT OF INSURANCE
BAIL BOND DIVISION

All bail agents are required by Ind. Code § 27-10-3-14 to report the following information to the Indiana Department of Insurance. Please type or neatly print the information requested, have your signature witnessed in the presence of a notary public, and return the form to the Indiana Department of Insurance, Bail Division, 311 West Washington Street, Suite 103, Indianapolis, Indiana 46204-2787

SUBMIT THIS FORM WITH YOUR LICENSE RENEWAL

Legislature change effective 7/01/2011: Due at license renewal

NAME OF BAIL AGENT: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____ LICENSE NUMBER: _____

LIST BELOW ALL RECOVERY AGENTS (LICENSED OR UNLICENSED) YOU HAVE USED **SINCE YOUR LAST REPORT.** IF YOU HAVE NOT EMPLOYED OR USED **ANY** RECOVERY AGENTS, LIST “NONE”, SIGN AND RETURN THE FORM.

Please attach additional sheets if necessary.

AFFIRMATION

I affirm, under the penalties for perjury, that the foregoing information is true and correct

Date

Signature of Bail Agent

Sworn to and subscribed before me this _____ day of _____ 20____

My commission Expires _____

Notary Public

County of Residence _____ Printed _____